



Incident Report

Print Date/Time: 11/10/2016 14:28
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00022265

Incident Date/Time: 11/9/2016 5:03:00 AM
Location: 8500 SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 345-7776
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0072-Aukerman
19N2	SS0132-Kilroy

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MCGRADY, RONALD		(563) 201-6591			
1	Involved Party	BRUNS, GERALD TODD	6713 95TH AVE NE Lake Stevens WA 982588158	(425) 238-0281		Male	06/02/1964
2	Involved Party	MC GRADY, RONALD SCOTT	17621 ENGBRETSSEN RD Granite Falls WA 982529613	(425) 345-7776		Male	11/19/1959

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2016	Ram	3500SLT		C65591E	WA
Involved Vehicle	Passenger Car	2002	GMC	K2PU		B47873P	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

11/09/2016 : 05:44:38 SP0339 Narrative: TOW OS

11/09/2016 : 05:17:35 SP0414 Narrative: DTI TOW ENRT

11/09/2016 : 05:10:32 SP0321 Narrative: CLR BY PD

11/09/2016 : 05:10:19 SP0321 Narrative: NON INJ

11/09/2016 : 05:09:57 SP0321 Narrative: 2 VEH ON RT SHOULDER, INV FOR INJ

11/09/2016 : 05:05:04 SP0137 Narrative: NON BLKING , FLASHERS ON LR137

11/09/2016 : 05:04:04 SP0137 Narrative: POSS WHI SUV

11/09/2016 : 05:03:57 SP0137 Narrative: 2 VEHS WB UNK INJ RED DODGE RAM PU VS SUV


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E606129

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00022265
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	11	-	09	-	2016			0504	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	8500
	MILE POST	

DISTANCE	300	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	LUNDEEN PKWY
			FEET	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE D: 4252380281
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LAST NAME	BRUNS	FIRST NAME	GERALD	MIDDLE INITIAL	T
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STREET NEW ADDRESS	6713 95TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588158
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CDL		RESTRICTIONS		ENDORSEMENTS	L
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DRIVER'S LICENSE #	BRUNSGT368LB	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	02	-	1964
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B47873P	STATE	WA	VIN#	1GTHK23172F237937
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	GMC	MODEL	K2PU	STYLE	TR	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	DTI TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. GERALD BRUNS 6713 95TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 320 9515-F19-471
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE
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LAST NAME	MC GRADY	FIRST NAME	RONALD	MIDDLE INITIAL	S
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STREET NEW ADDRESS	17621 ENGBRETSSEN RD
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CITY	GRANITE FALLS	ST	WA	ZIP	982529613
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CDL		RESTRICTIONS	B	ENDORSEMENTS	L
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DRIVER'S LICENSE #	MCGRARS419QR	STATE	WA	SEX	M	D.O.B. MMDDYYYY	11	-	19	-	1959
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK
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LICENSE PLATE #	C65591E	STATE	WA	VIN#	3C63R3DL0GG359502
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2016	MAKE	RAM	MODEL	3500SLT	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. RONALD MCGRADY 17621 ENGBRETSSEN RD GRANITE FALLS WA 98252 D: 4253457776

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INSURANCE X5960144
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E606129**CASE # **2016-00022265**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling west on SR 204. Unit 2 was traveling west on SR 204 in front of unit 1. Driver of unit 2 said he had to slow quickly due to a vehicle speeding to merge in front of him. Unit 1 was unable to slow quick enough and struck unit 2.

Unit 1 was towed from the scene.

Unit 1 was at fault due to following too closely.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
11-09-16 05:46 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

C. WELLS 0131

DATE

11/9/2016 9:43:52 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	5:05 AM	TIME POLICE ARRIVED	5:09 AM
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REPORT NO. E606129

CASE # 2016-00022265

DATE AND TIME
OF COLLISION 11/09/16 05:04

